

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/009629

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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TOTAL	1					
TOTAL IND.	1					
TOTAL DEP.		1				
TOTAL CLAIMS	1	1				

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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